**Stroke or CVA coding**

Prepared by Dr Anna Ranta, Original date October 2013 v1, Updated July 2019 v2, Updated July 2023 v3

Due to *Embolism of cerebral arteries* I63.4

**YES**

Precerebral:

*Thrombosis* I63.0

*Embolism* I63.1\*

*Stenosis/Occlusion* I63.2

(list vessel in notes)

*Occlusion I63.2*

I63.8

I63.6

**YES**

Cerebral:

*Thrombosis* I63.3

*Embolism* I63.4

*Stenosis/Occlusion* I63.5

(list vessel in notes or if a particular vessel ‘syndrome’ is specified add G46.- code via ‘syndrome’ pathway)

I61 excludes: subdural, subarachnoid and epidural haemorrhage/haematoma

**\*NB**: Comments regarding I63.1

I63.1 = ‘*due to embolism of pre-cerebral arteries’* (embolism TO pre-cerebral vessels) essentially never happens. However, if you come across a case where patient has carotid or vertebral stenosis/occlusion *clearly stated to have been of embolic source* (usually cardiac) then you should select I63.1

* If **IV thrombolysis** is given: assign 96199-01 **[1920]** as procedure code – see ACS 0042 *Procedures normally not coded* – Drug treatment/pharmacotherapy/prescription of drugs
* If clinically patient had a stroke and either all symptoms resolved following IV thrombolysis and/or imaging is negative for stroke proceed with ‘Cerebral Infarction’ above

\*\*NB: ‘*chronic’* small vessel disease’ is not a cause of acute stroke and if nothing else listed, but patient clearly had a new cerebral infarction use I63.9.

Patients with personal history of stroke in addition to the new event should receive a secondary diagnosis of **Z86.71** if there are *no residual* deficits and **I69** if there are *residua*l deficits – see ACS 0604 *Cerebrovascular Accident (CVA)*

**YES**

**YES**

**YES**

**NO**

**NO**

**NO**

Other specified cause of cerebral infarction (e.g. due to cerebral vasculitis, hypoperfusion (low BP), Moya-moya disease)

All others I63.9

Cerebral venous infarction (nonpyogenic)

(aka stroke/CVA due to cerebral venous sinus thrombosis)

**NO**

Documented stenosis/occlusion, or thrombosis of, or embolism to: Middle Cerebral (MCA), Anterior Cerebral (ACA), OR Posterior Cerebral arteries (PCA) OR other named blood vessel inside the brain OR ‘Small Vessel’ thrombosis (aka Lacune, LACI, Lacunar infarct, small vessel disease\*\*) OR unspecified cerebral vessel documented as cause of stroke?

**NO**

Documented as stenosis/occlusion or thrombosis of (or embolism to\*) carotid (>50% blockage) OR basilar OR vertebral vessels as cause of stroke?

**YES**

**YES**

**YES**

*Intracerebral haemorrhage unspecified* I61.9

* subcortical or deep includes thalamus, basal ganglia, caudate, putamen, internal capsules – I61.0
* cortical is used interchangeably with lobar – I61.1
* hemispheric but deep or cortical/lobar not specified – I61.2
* brain stem includes midbrain, pons, medulla – I61.3
* cerebellum – I61.4
* intraventricular – I61.5
* multiple sites – I61.6
* other haemorrhage – I61.8

**NB**: if the stroke was a cerebral infarction with secondary haemorrhage (aka ‘haemorrhagic transformation’) then this should be coded as an I63.- with I61.- assigned as an additional diagnosis (complication)

**NO**

Clinical notes state ‘due to/caused by AF/Atrial Fibrillation’ or ‘cardioembolic’

**Cerebral Infarction**

Aka: ischaemic stroke OR

stroke/CVA unspecified BUT CT negative for bleed

**Stroke, unspecified**

Diagnosis of stroke OR CVA without further classification and no CT/MRI done 🡪I64

Location documented?

**Intracerebral Haemorrhage**

Aka: haemorrhagic stroke/CVA, ICH, cerebral bleed OR

stroke/CVA with CT evidence of bleed, haemorrhage or haematoma